

Hypermedia Sequence

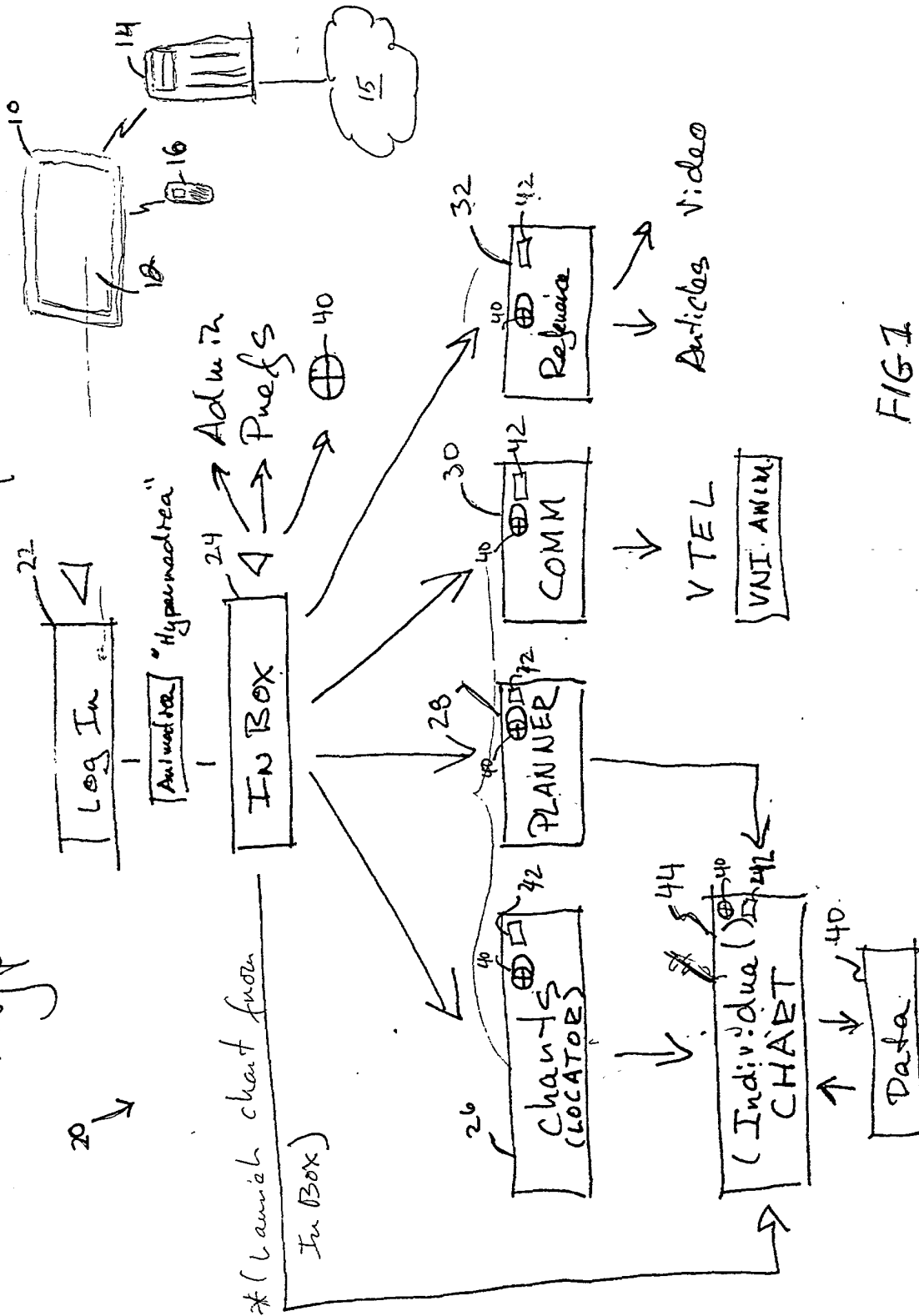


FIG 1

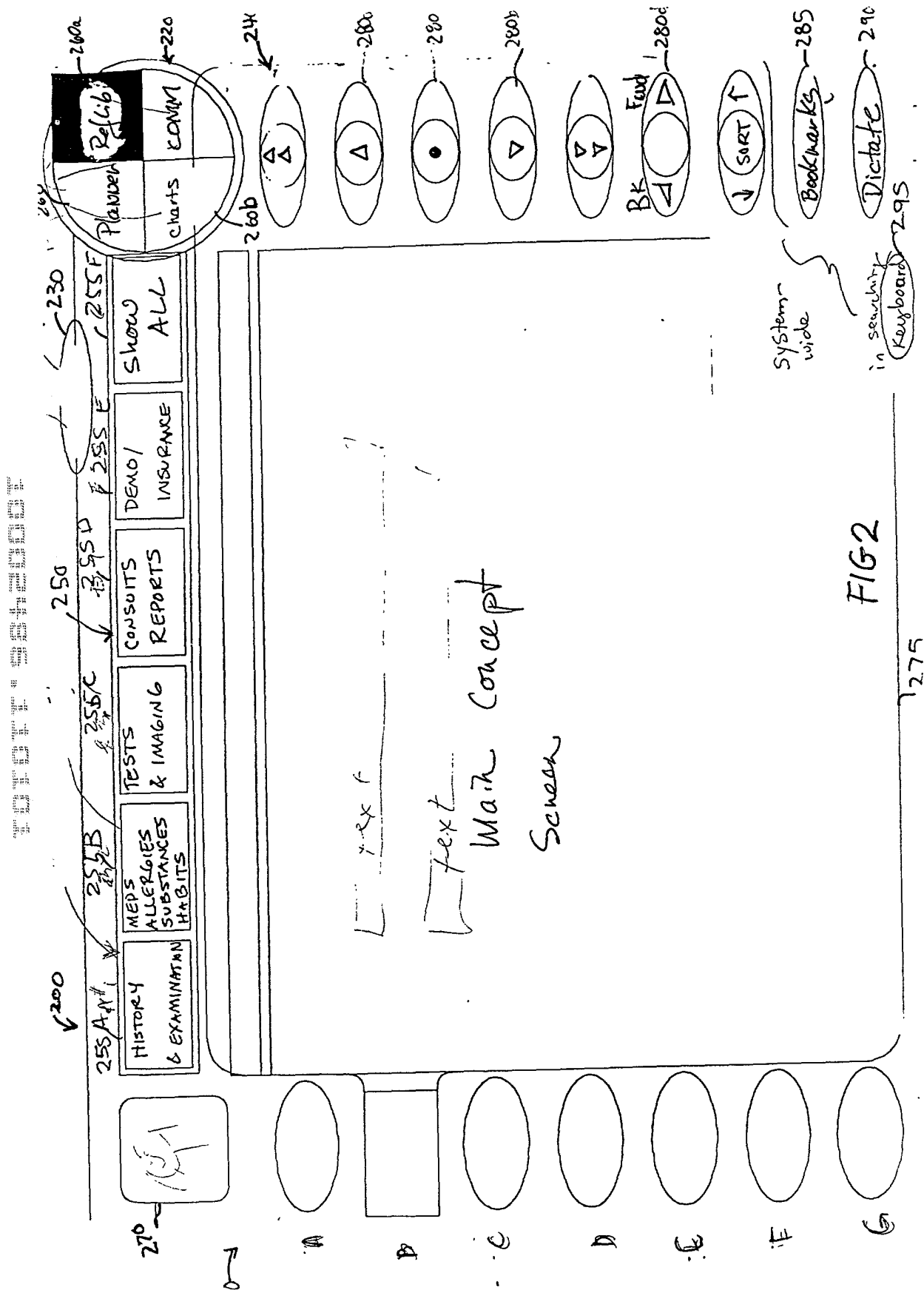
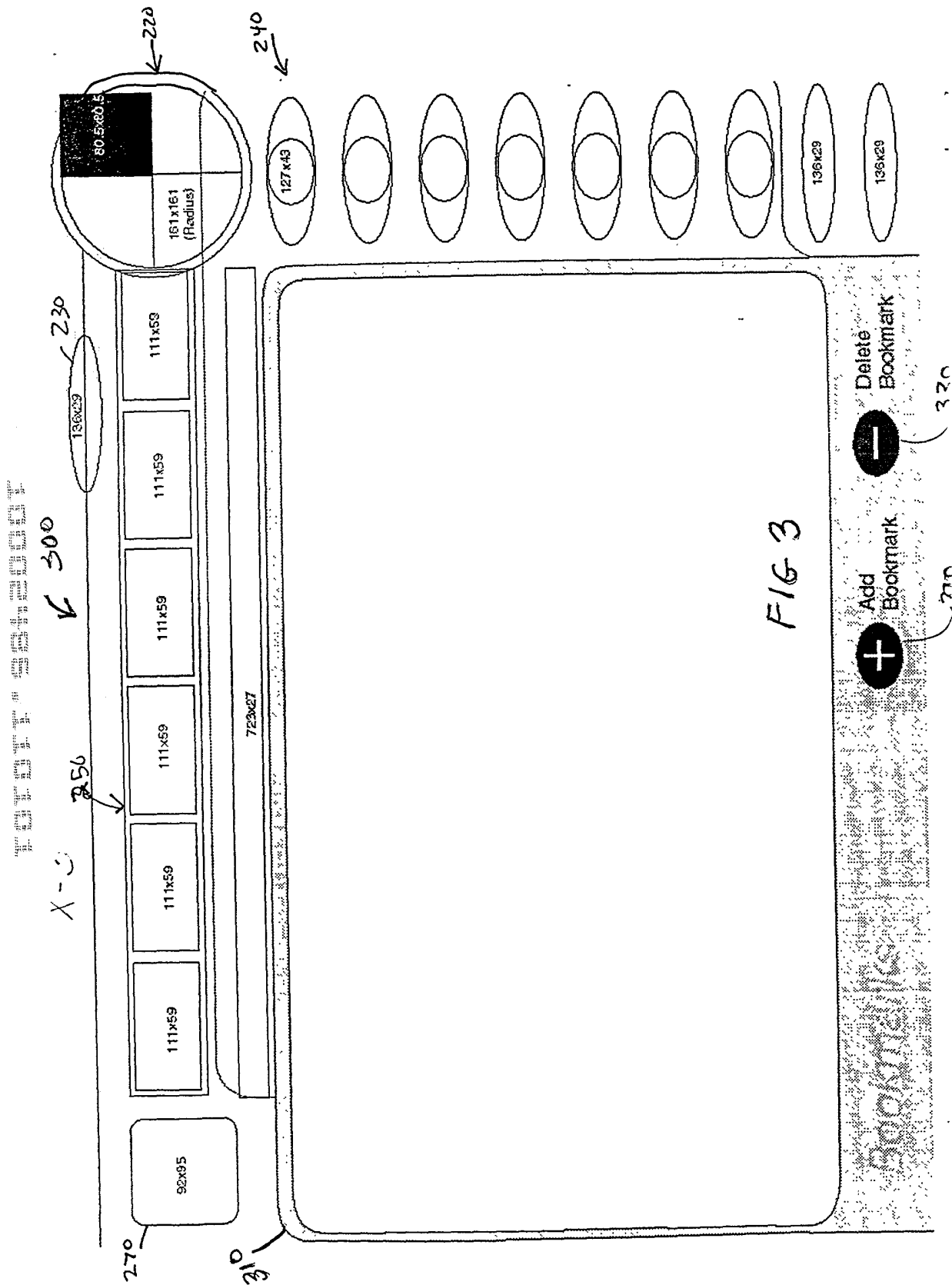
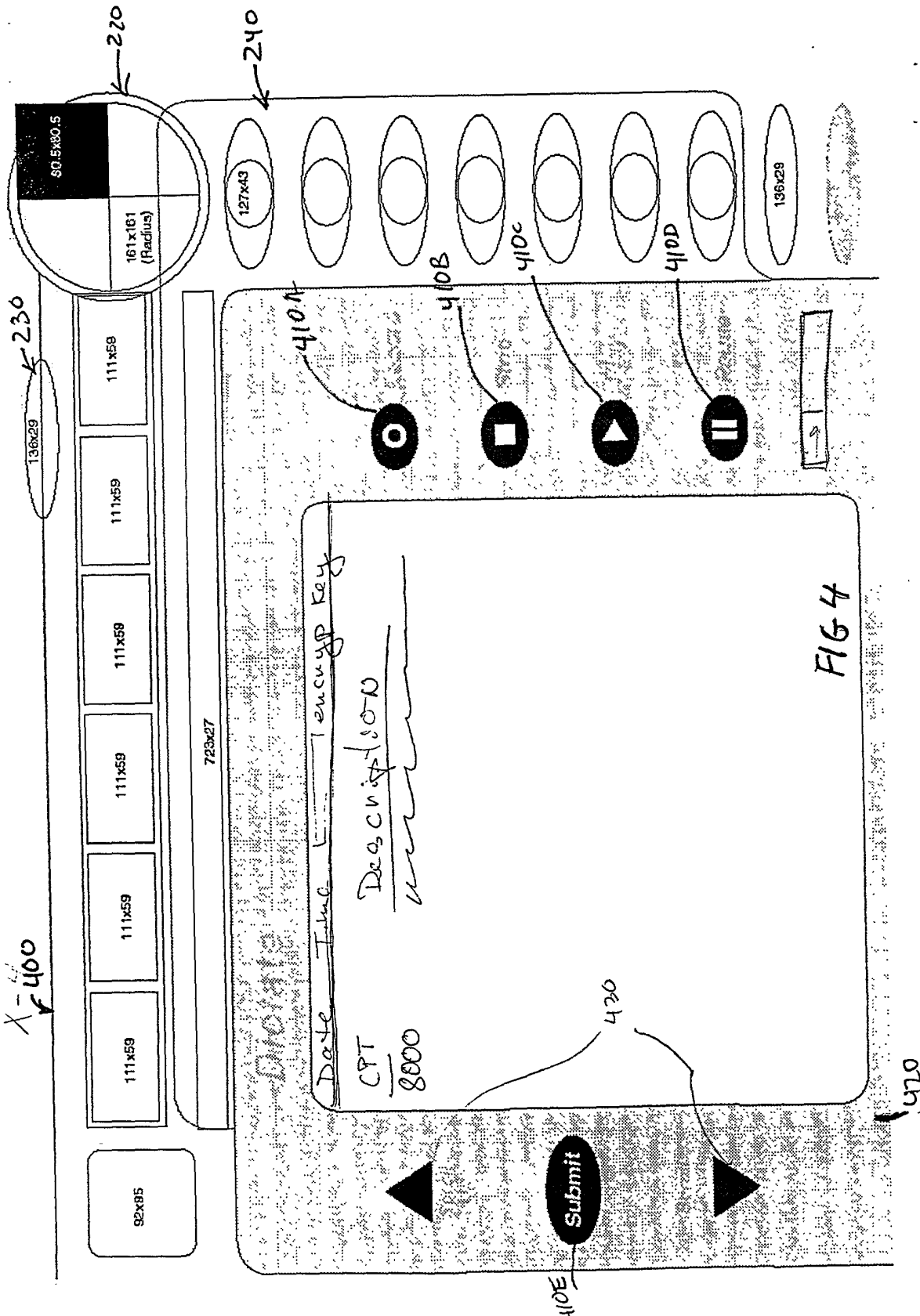
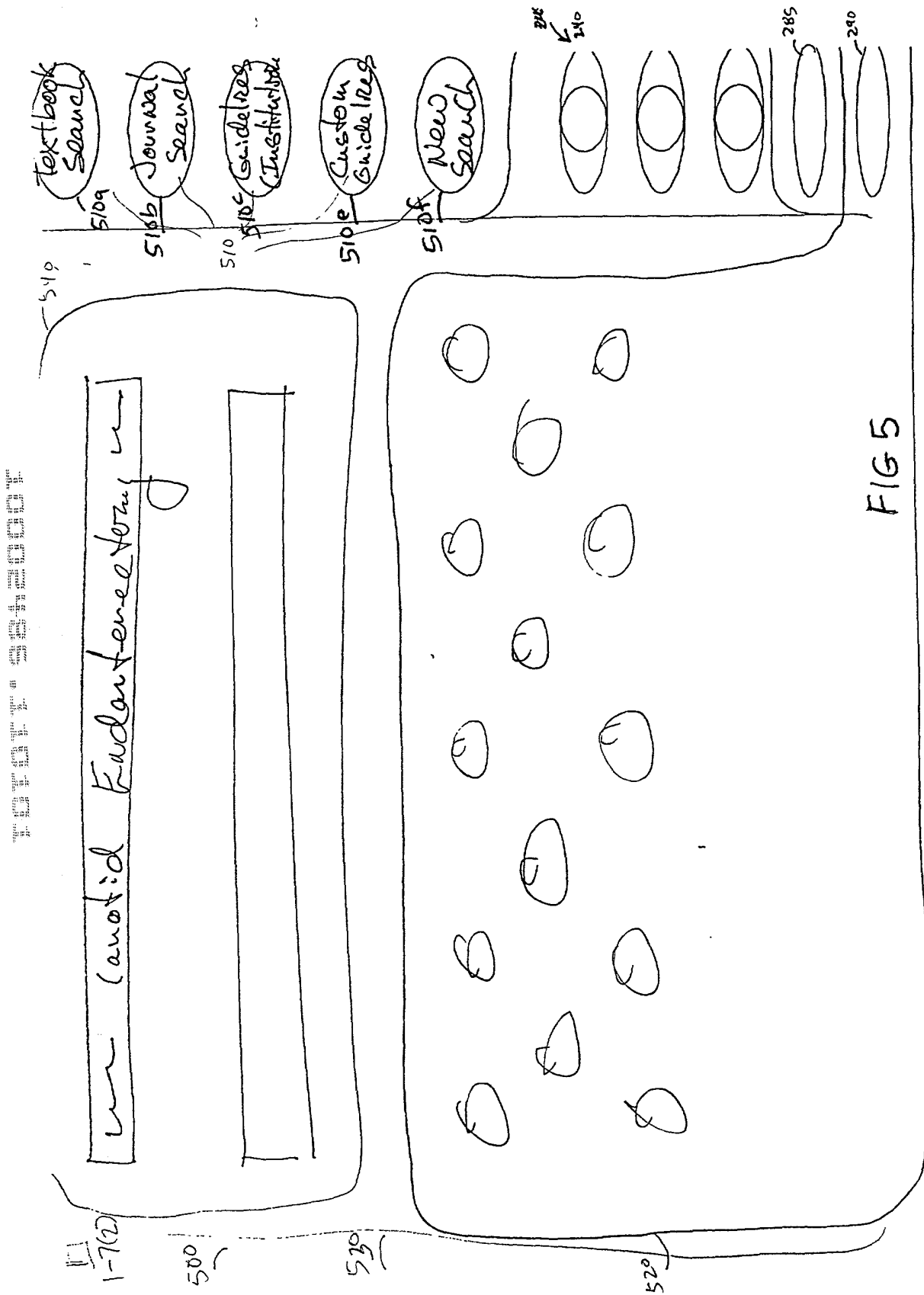


FIG 2









1-2

HISTORY & EXAMINATION	MEDS ALLERGIES SUBSTANCES HABITS	TESTS & IMAGING	CONSULTS REPORTS	DEMO/INSURANCE	CHARTS
OTHER (VACCINATION / DEVELOPMENTAL / GENETIC)					
PAST MEDICAL HISTORY					
<p>(1) CORONARY ARTERY DISEASE</p> <p>(2) HYPERCHOLESTEROLEMIA</p> <p>(3) APPENDICITIS</p>			<p>PAST/PRESENT MANIFESTATIONS</p> <p>BYPASS GRAFT 1991</p> <p>MYSTICATION</p> <p>APPENDICITIS</p>		
<p>PAST MEDICAL HISTORY:</p> <p>1) Coronary artery disease, status post coronary artery bypass graft in 1991 with aortic valve replacement as well, status post coronary artery bypass graft in 1979 as well.</p> <p>2) Hypercholesterolemia.</p> <p>3) Status post appendectomy.</p>					

PAST MEDS HISTORY

FIG 7

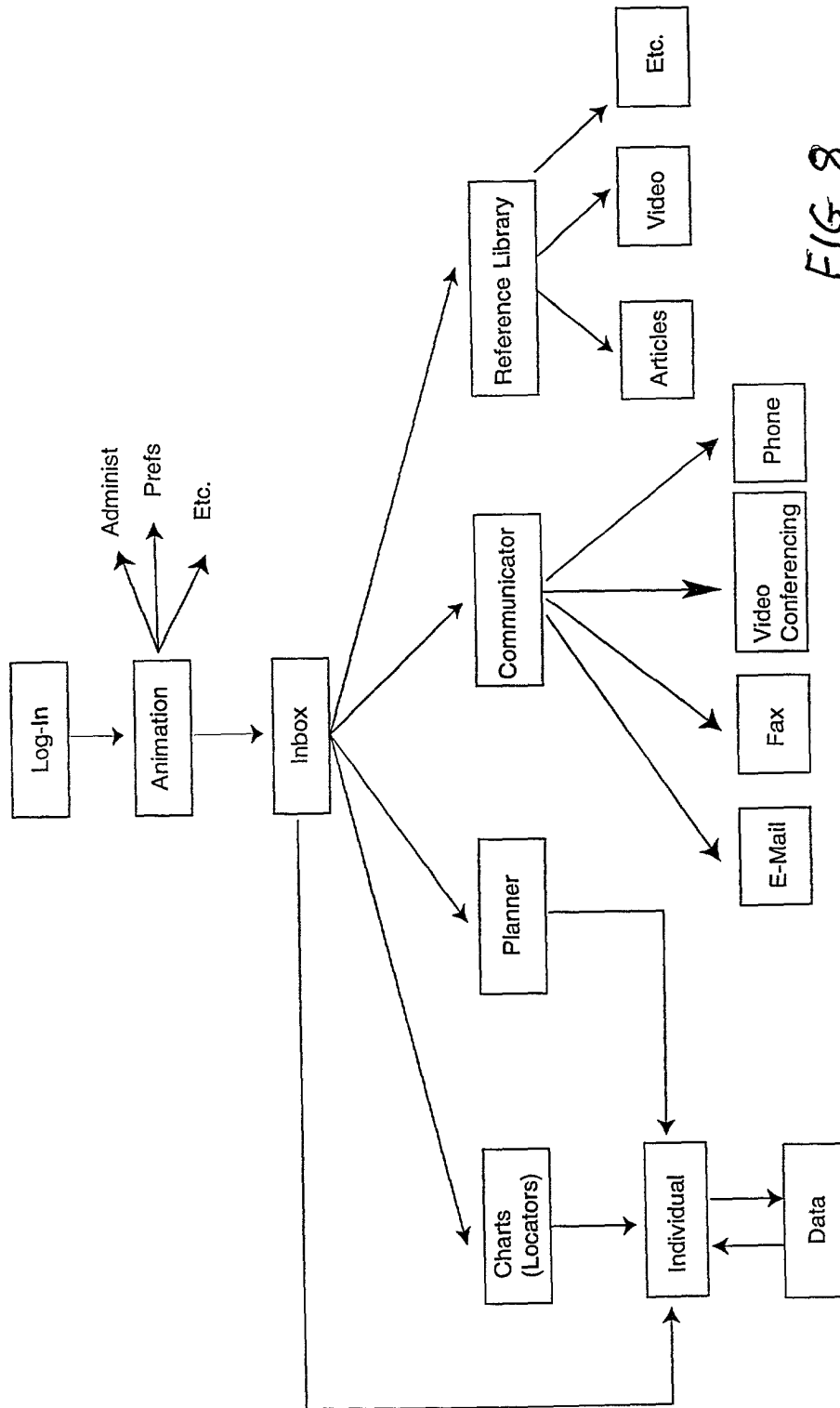


FIG 8

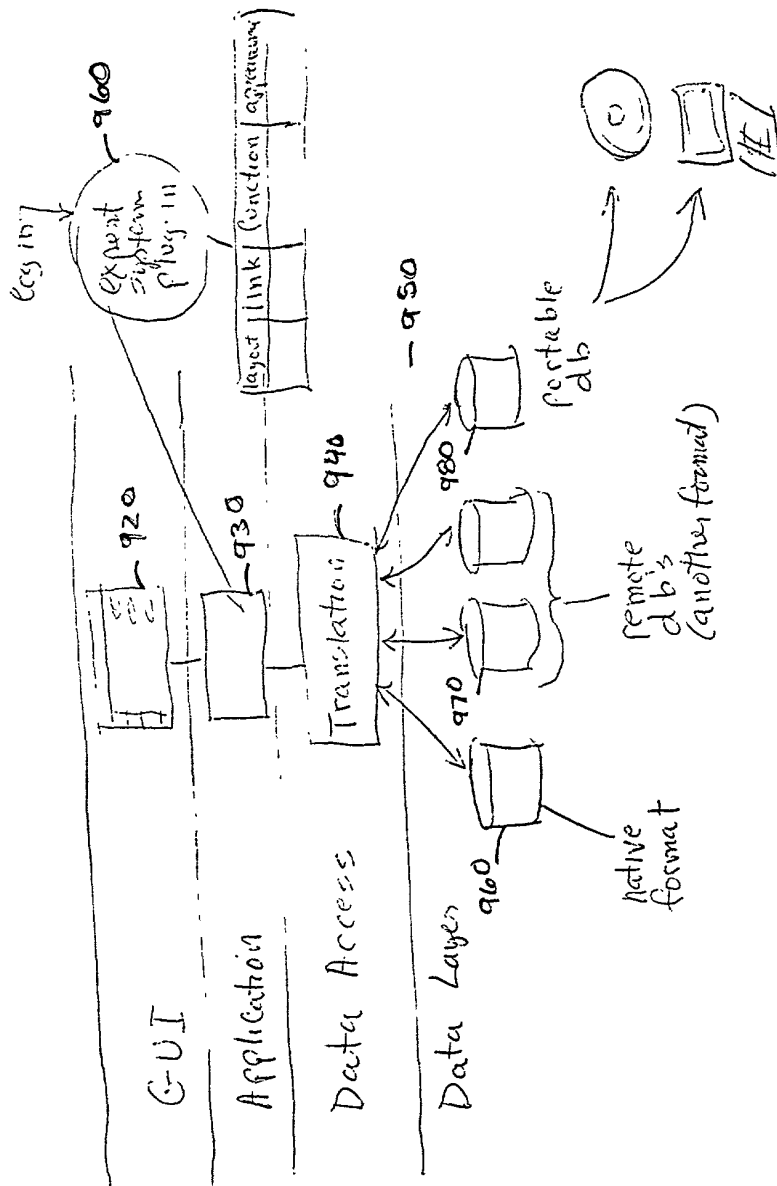
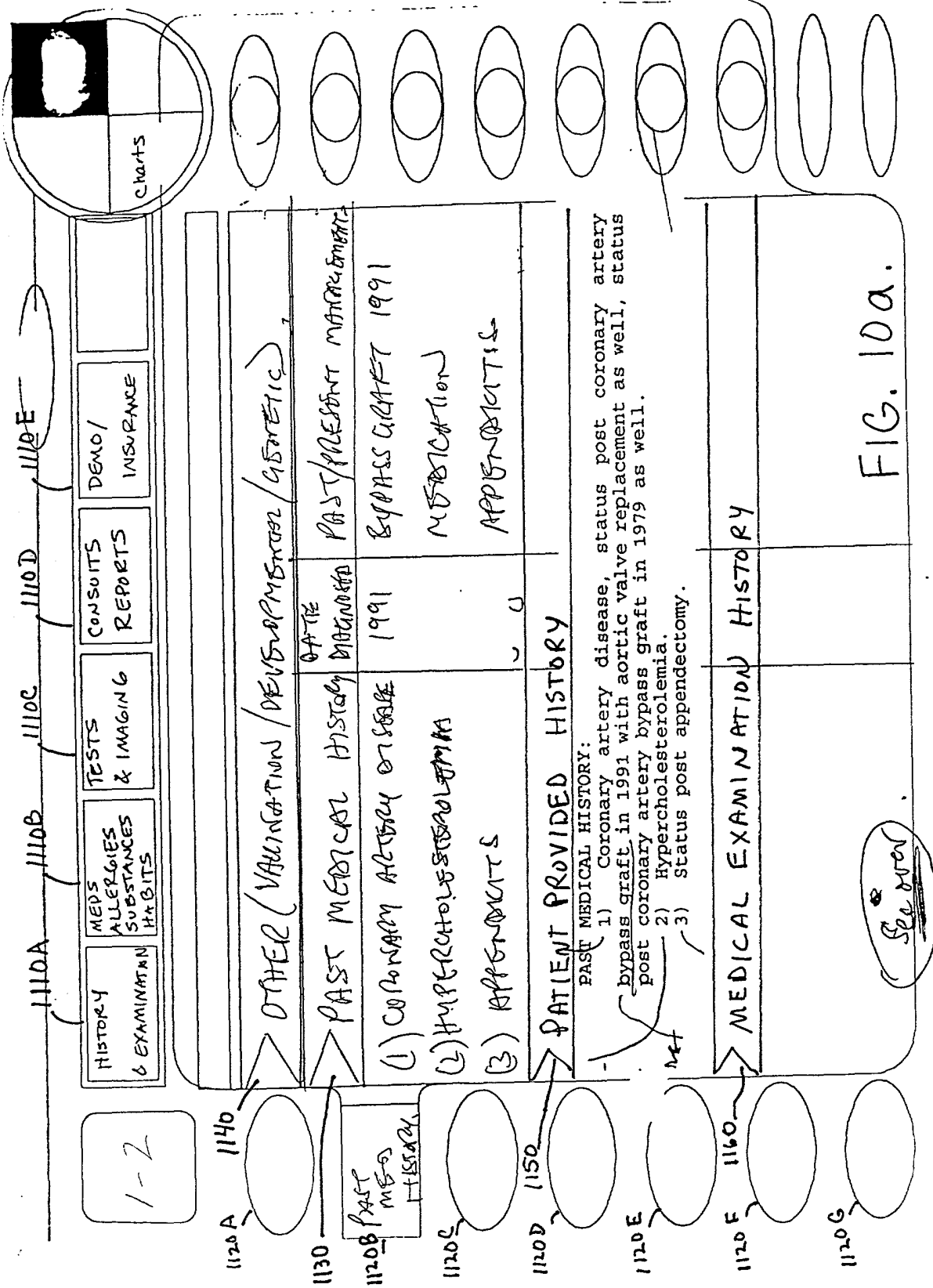


FIG 9





46.10.2

Transmembrane plane

FIG. 10d

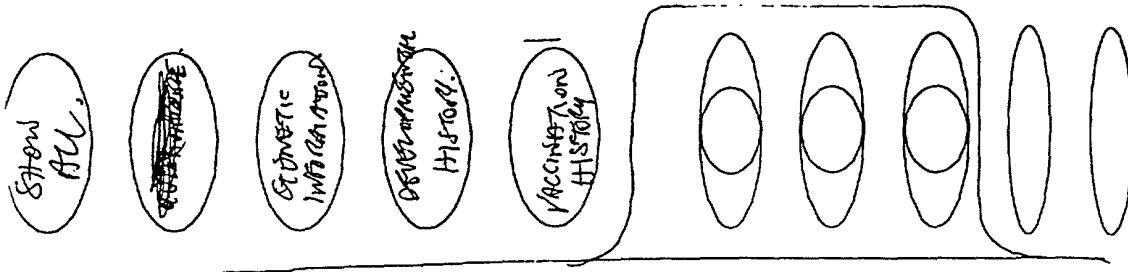
GENETIC INFORMATION
FAMILY HISTORY OF GENETIC DISORDERS
HLA/TISSUE TYPING (Cross Ref. to LABS.)
OTHER INFORMATION

PERINATAL HISTORY

PREGNANCY/BIRTH PROBLEMS
"MILESTONES"
INFANT/CHILD DEVELOPMENT PROBLEMS
OTHER ISSUES.

VACCINATION HISTORY / SCHEDULE

FIG. 10d



Year	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970	1971	1972	1973	1974	1975	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040	2041	2042	2043	2044	2045	2046	2047	2048	2049	2050	2051	2052	2053	2054	2055	2056	2057	2058	2059	2060	2061	2062	2063	2064	2065	2066	2067	2068	2069	2070	2071	2072	2073	2074	2075	2076	2077	2078	2079	2080	2081	2082	2083	2084	2085	2086	2087	2088	2089	2090	2091	2092	2093	2094	2095	2096	2097	2098	2099	2100
1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970	1971	1972	1973	1974	1975	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040	2041	2042	2043	2044	2045	2046	2047	2048	2049	2050	2051	2052	2053	2054	2055	2056	2057	2058	2059	2060	2061	2062	2063	2064	2065	2066	2067	2068	2069	2070	2071	2072	2073	2074	2075	2076	2077	2078	2079	2080	2081	2082	2083	2084	2085	2086	2087	2088	2089	2090	2091	2092	2093	2094	2095	2096	2097	2098	2099	2100	

Textbook Search
Journal Search
Guideline (Institution)
Custom Guideline
New Search
Exit
Kbd

Canolid Steroids

Canolid Steroids

FIG. 10f

1-1

URGENT
HPI

PAST
MEDICAL
HISTORY

PHYSICAL
EXAMINATION

URGENT
EXAMINATION

URGENT
DIAGNOSIS

TREATMENT
PLAN

HISTORY & EXAMINATION	MEDS ALLERGIES SUBSTANCES HABITS	TESTS & IMAGING	CONSULTS REPORTS	DEMO/ INSURANCE	charts
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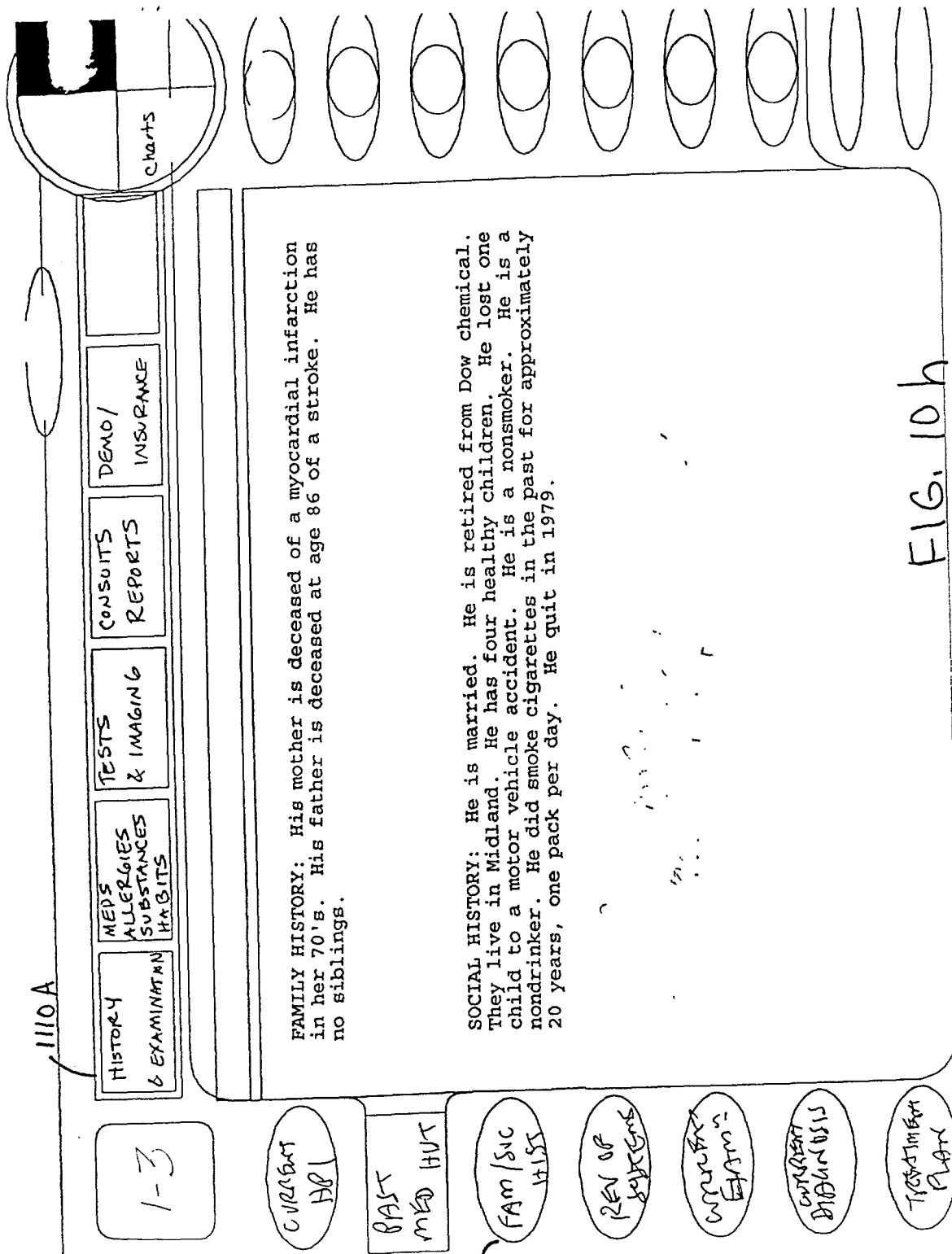
Doctors
Support

The plan is for right carotid endarterectomy by Dr. G. I spent 10 minutes today with D and his son, E, discussion the technical aspects of the surgery, as well as the risks. The risks discussed, but not limited to, were intraoperative stroke, postoperative stroke, postoperative cardiac complications, postoperative medical complications because of his advanced age, postoperative infection, postoperative facial weakness and postoperative tongue deviation. Despite all of these risks, he still wants to proceed with surgery.

We will check a Dilantin level today and have the result called to us immediately. We will give him a loading dose preoperative. We will also notify Dr. Noah of his admission.

(1) DISCUSSION OF TREATMENT & INFORMED CONSENT
(2) TREATMENT PLAN BY: LABS - DILANTIN LEVEL
IMAGING - X
TESTS -
PROCEDURES -
SURGERY - (R) CAROTID
ENDARTERECTOMY

FIG. 10g



1110 A

1 - 4

CURRENT
H81

PAST
MED HVT

FAM/SIC
H155

1120 D

REV OF
SYSTEMS

WINTER
EXAM

CURRENT
DISEASES

TESTS/IMB
PLAN

HISTORY
& EXAMINATION

MEDS
ALLERGIES
SUBSTANCES
HABITS

TESTS
& IMAGING

CONSULTS
REPORTS

DEMO/
INSURANCE

charts

REVIEW OF SYSTEMS: Since taking the Dilantin, he has been somewhat fatigued, but he has not had any fever lately, chills, night sweats or rigors. He denies tinnitus or changes in visual acuity. No difficulty swallowing. No recent chest pain, chest pressure, or chest tightness at rest or with physical activity. No recent dry or productive cough. Bowel and bladder habits have been regular. No bloody urine or bloody stools. All other review of systems is negative.

FIG. 10i

1210A	1210B	1210C	1210D	1210E
HISTORY & EXAMINATION	MEPS ALLERGIES SUBSTANCES HABITS	TESTS & IMAGING	CONSULTS REPORTS	DEMO/ INSURANCE

2-1

1220A

SHOW ALL M.A.S.H.

1220B

MEDICATION MANAGER

1220C

1220D

1220E

1220F

1220G

CHARTS

MEDICATIONS:

1) Coumadin 5 mg. six days per week and 7.5 mg. one day per week, his last dose was Tuesday, 07-25-00.

2) Dilantin 200 mg. q.h.s.

3) Pepcid 20 mg. b.i.d.

4) Zocor 10 mg. q.d.

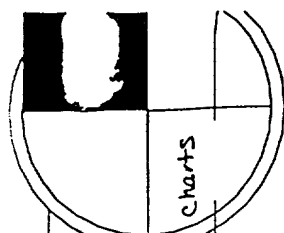
ALLERGIES: PENICILLIN, TETRACYCLINE AND ~~SOY BEANS~~ EGGS.

10 DYNATES DYES

SUBSTANCES: ALCOHOL - NONE (NOTE: ONLY POSITIVES + PRECIPITANT NEGATIVES)

HABITS: TOBACCO - 1 P.P.D. (PACK PER DAY) 20 YEARS QUIT 1979 FIG. 11A

FIG. 11a



1210b

HISTORY & EXAMINATION	MEPS ALLERGIES SUBSTANCES HABITS	TESTS & IMAGING	CONSULTS REPORTS	DEMO/ INSURANCE
--------------------------	-------------------------------------------	--------------------	---------------------	--------------------

1220A

Show All
M.A.S.H

1220B

Med
Manager

Medication Manager (MAIN SCREEN)

ALLERGIES:

(SCHEDULE)

	1	2	3	4	5	6	7	8	9	10
DRUG NAME	DOSE	PRESCRIBED FOR	INTERVAL	START DATE	PRESC. QUANTITY	# OF REPORTS	PRESC. EXPIRY DATE	OTHER COMMENTS		
1										
2										
3										
4										
5										
TC										
10										
52										
Non-prescription (etc)										
1										
2										
3										
4										
5										
TC										
10										
52										
Herbals										
1										
2										
3										
4										
5										
TC										
10										
52										

FIG. 11b

2-

FIG. 11C is a schematic diagram of the system of the present invention, showing the flow of data between the various components of the system.

Search PDR Index

Add to Custom List

Add to Patient List

Reference Material

Prescribe + Print

Drug	Dosage	Prescribe	Int. Potency	Print	Direct	Print	Direct	Edit
Schedule	Presc. date	Presc. Quant.	# of Refills					
Presc Exp.	Other/Comments							

Input New Med Screen

(Notes on Reverse)

FIG. 11C

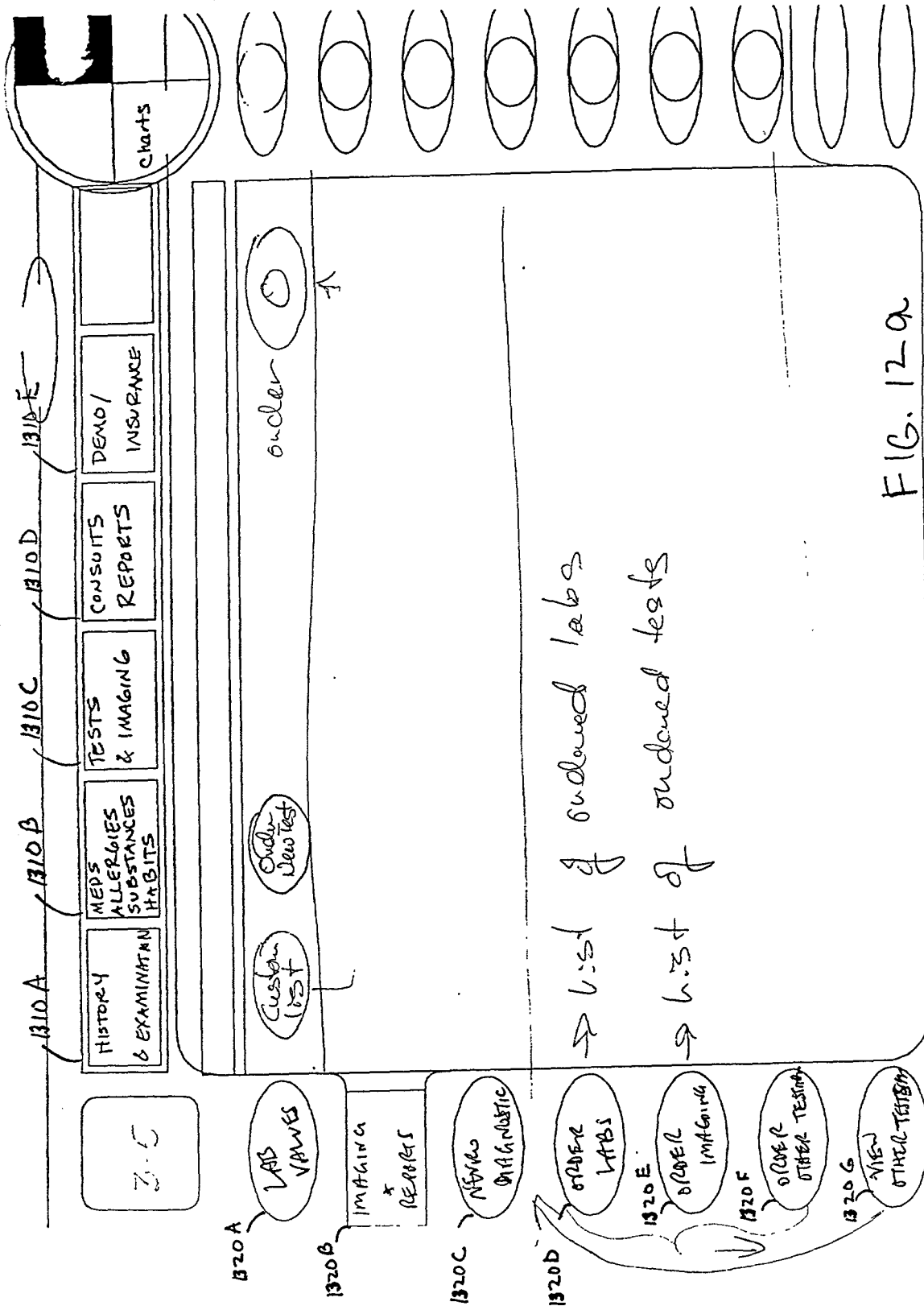
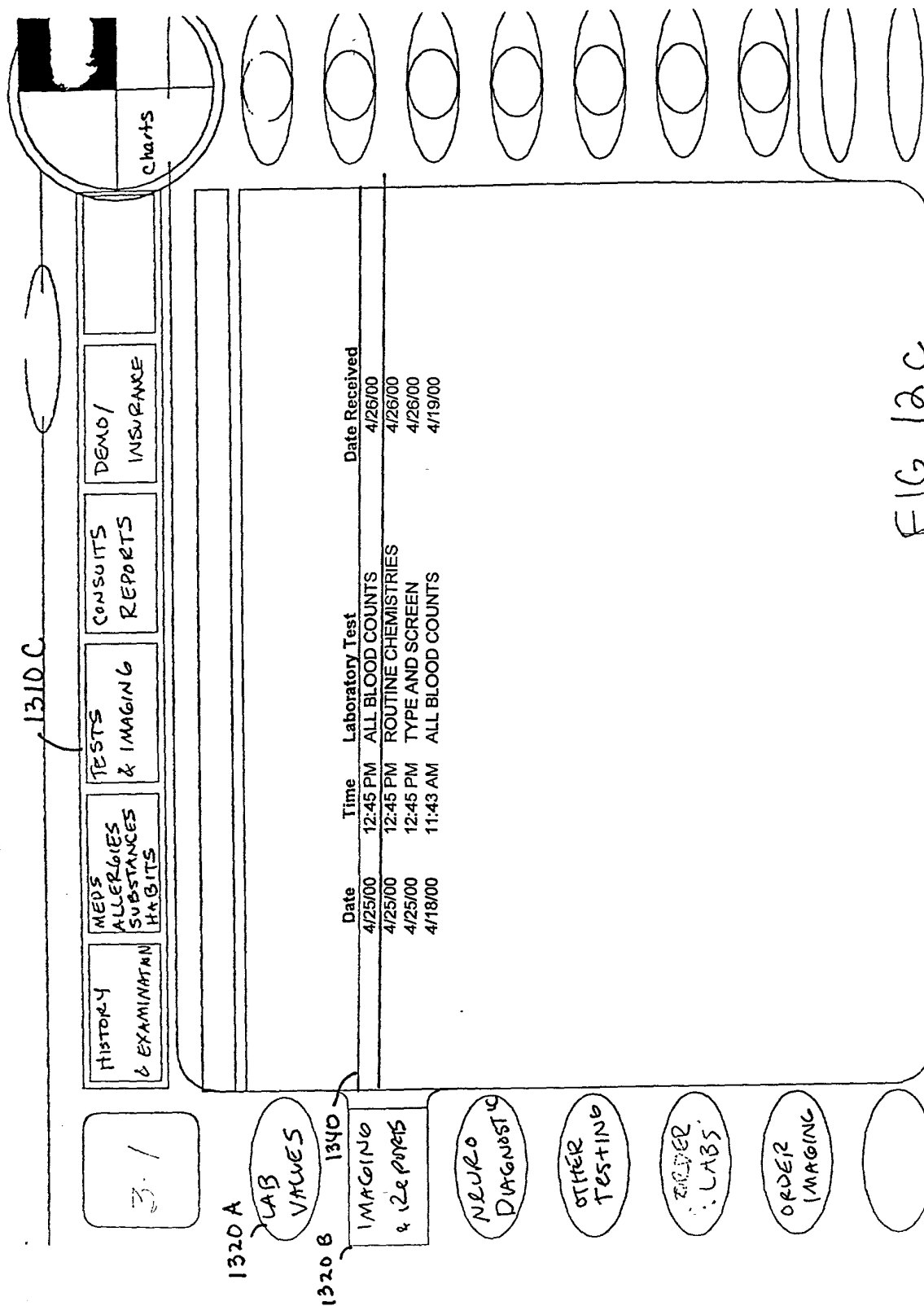


FIG. 12-a

EXIT FEATURE

TEST ORDER SCREEN (GENERAL)

[illegible]



Title: MULTIMEDIA COMPUTERIZED PATIENT RECORD SYSTEM

Inventor: Manoucher Gueramy et al.

Atty. Ref. No.: 6766-000004

25/33

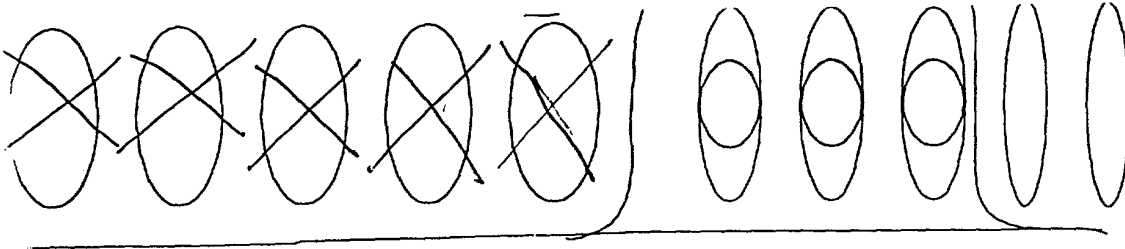
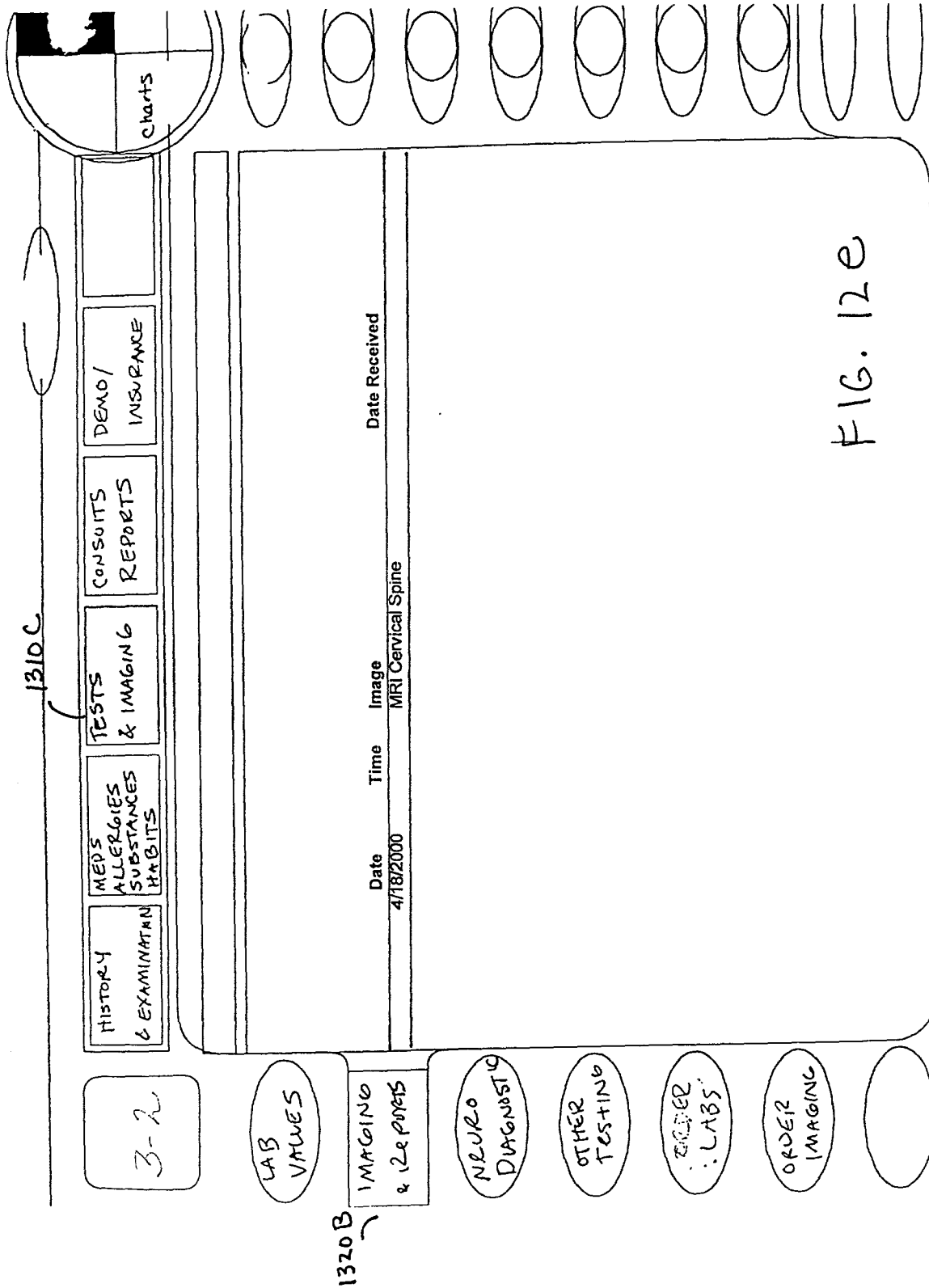


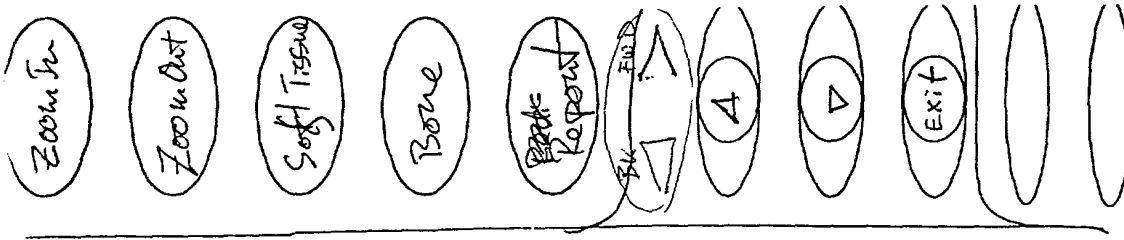
FIG. 12d

Lab Test 1

LAB VALUES

Time: 12:45 PM		Date: 4/25/00		Date Received: 4/26/00	
Lab Test 1	Value	Normal	Range	Upper	Units
WBC	9.1		4.8	10.8	K/UL
RBC	5.13		3.6	6.1	M/UL
HGB	15.3		14	18	GM/DL
HCT	45.1		42	48	%
MCV	87.9		80	100	FL
MCH	29.8		27	33	PG
MCHC	33.8		32	37	%
RDW	13		11.5	14.5	%
PLT	277		150	450	K/UL
GRAN	62		42	83	%
LYMPH	22		10	46	%
MONO	7		0	14	%
EO	8		0	5	%
BASO	1		0	2	%





3D Image

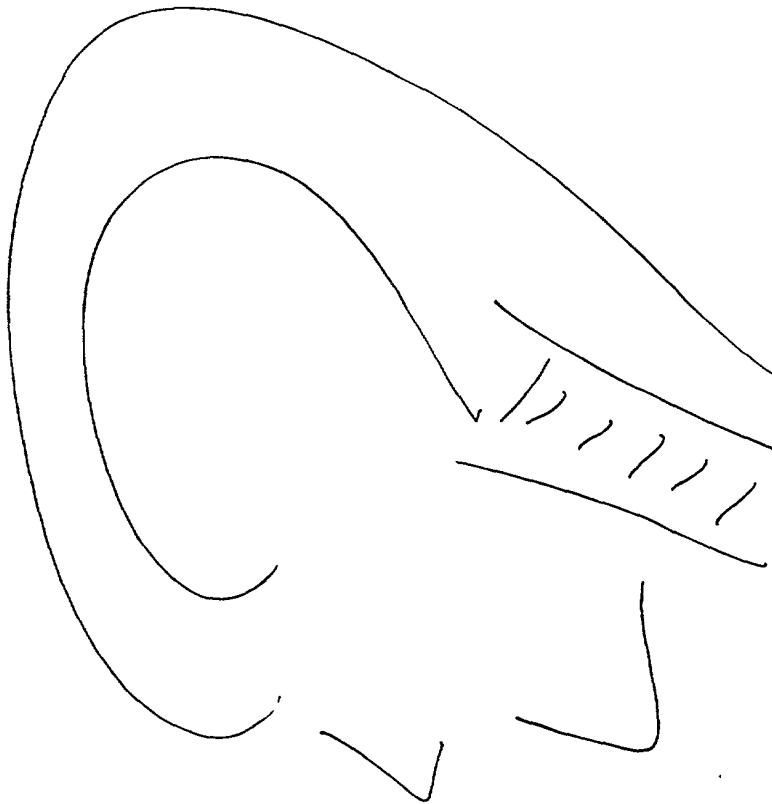
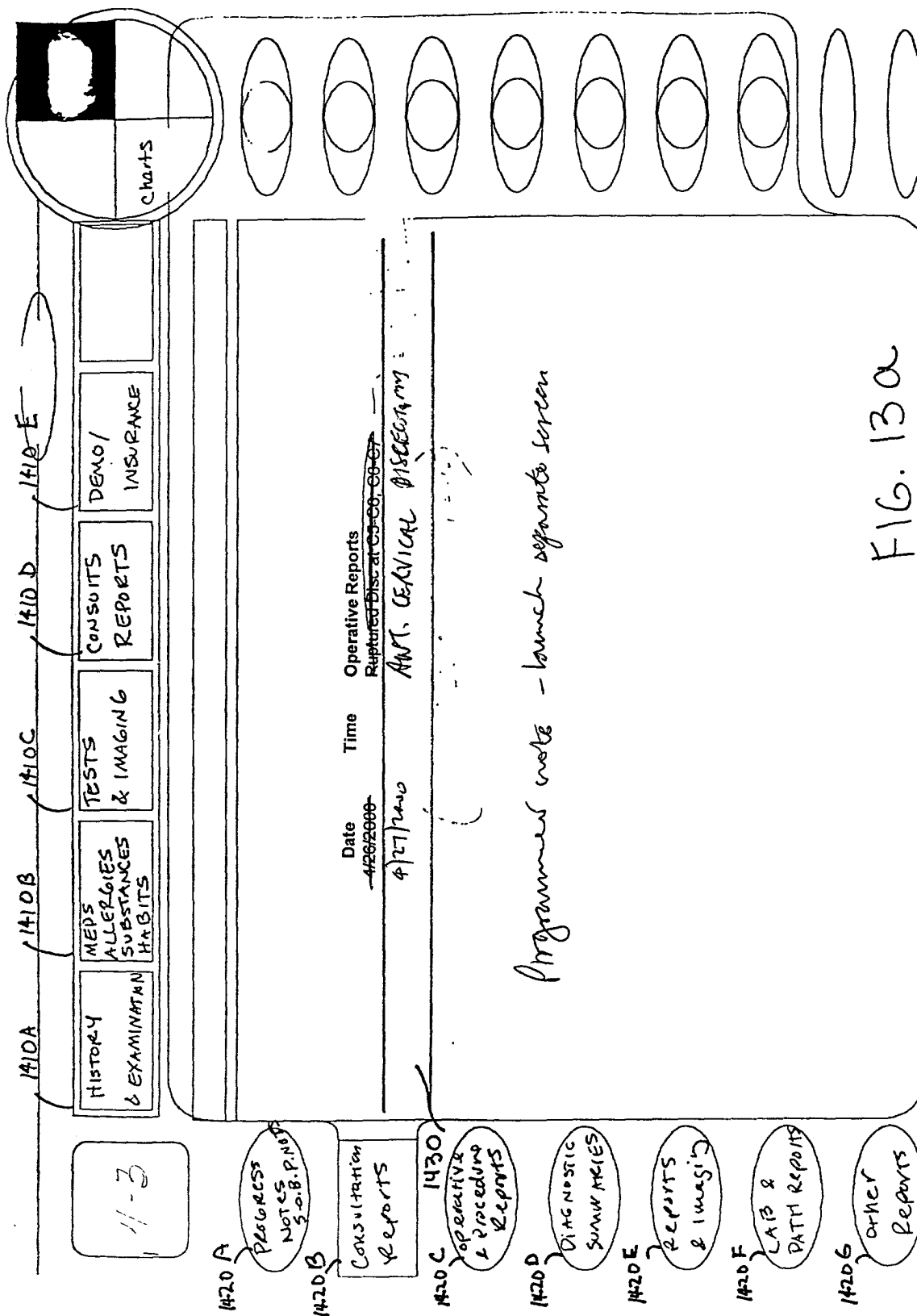


FIG. 12 f



DATE: 04-26-2000

PATIENT:

SURGEON:

M. D.

PREOPERATIVE DIAGNOSIS: Ruptured disc at C5-C6, C6-C7 with nerve root compression.

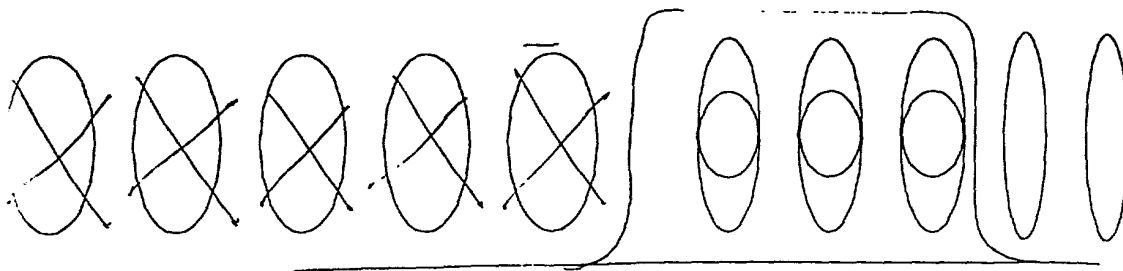
POSTOPERATIVE DIAGNOSIS: Ruptured disc at C5-C6, C6-C7 with nerve root compression.

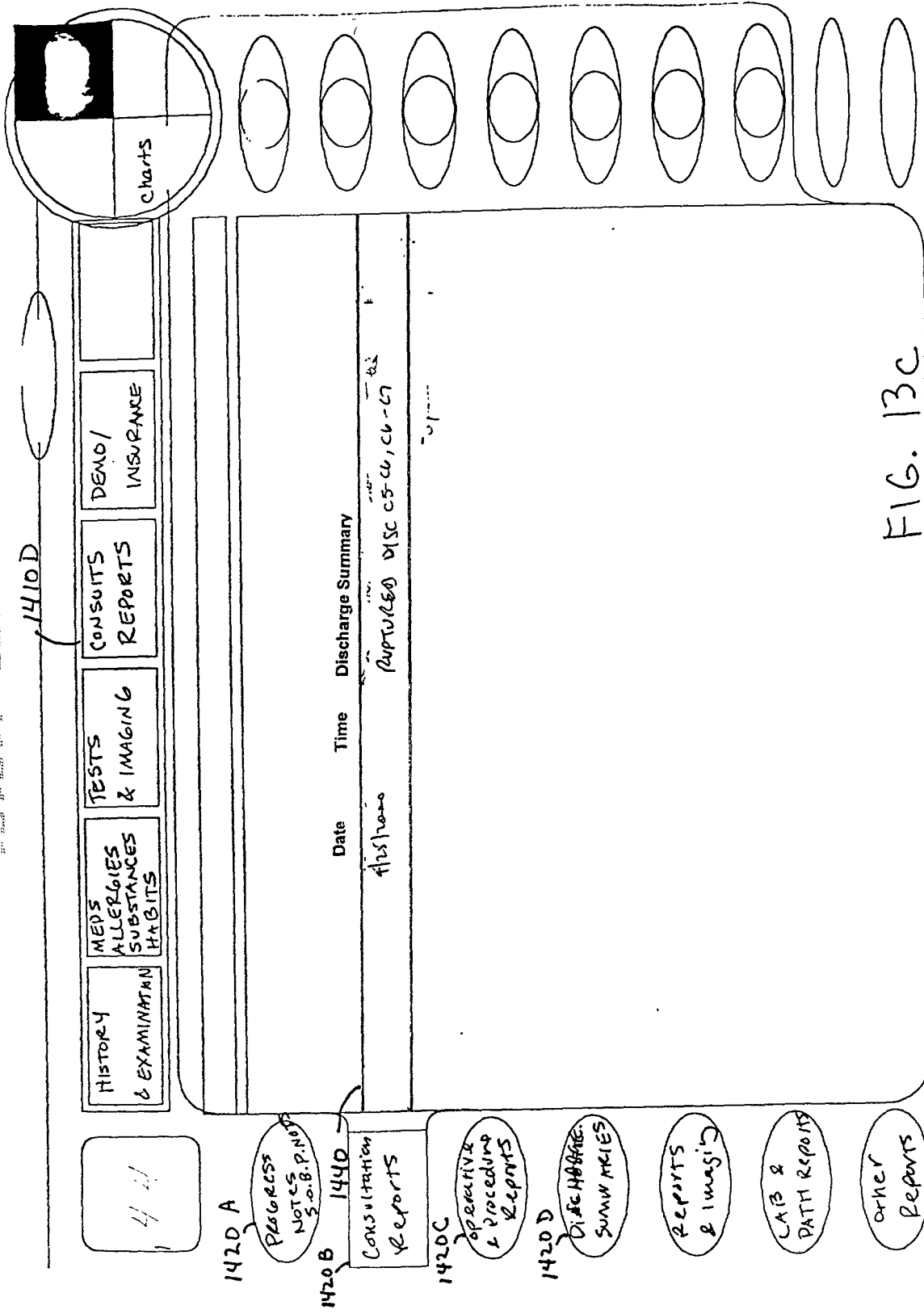
OPERATION:

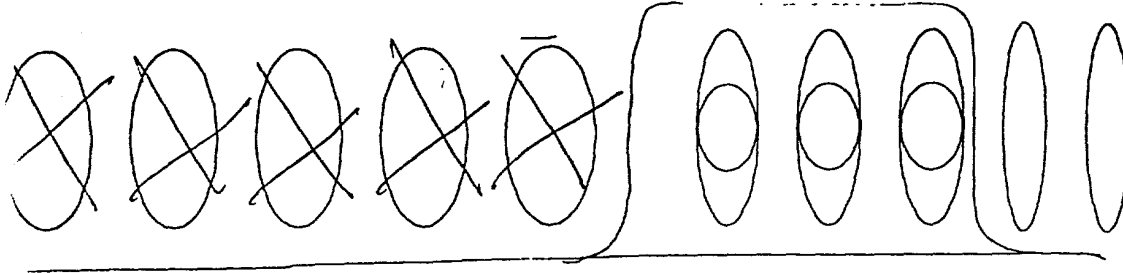
- 1) Removal of ruptured disc and decompression of nerve roots and dural sac at C5-C6, C6-C7.
- 2) Partial corpectomy at C5-C6 and C6-C7 and expansion of disc space and removal of posterior longitudinal ligament and decompression of nerve roots.
- 3) Interbody fusion using bone from bone bank.
- 4) Anterior plating using DOC system and 14 mm. screws placed into C4-C5 and C6.

PROCEDURE: The patient was positioned under general anesthesia. Head was slightly turned to the left. The neck was prepped and draped in the usual fashion. An incision was made in one of the creases of the neck. The skin was separated from platysma. The platysma was incised along the border of the sternocleidomastoid and sharp and blunt dissection were carried out. The anterior cervical spine was exposed. The disc spaces at C5-C6 and C6-C7 were identified with the help of x-ray. Then a small amount of methylene blue was injected into the disc spaces. Dissection was done through the anterior longitudinal ligament into disc space. Removal of the ruptured discs was carried out at both levels. Then with the help of a Stryker drill, the disc space was retracted. A partial corpectomy was carried out, and posterior osteophytes were removed. Posterior longitudinal ligament was opened up and removed with the help of Kerrison punch. Nerve roots were decompressed bilaterally. Bone was taken from the bone bank, cut and shaped to the size of the disc spaces and introduced into the disc spaces properly. Then the area was irrigated thoroughly. An anterior plate of proper size was selected and placed and screwed to the anterior surface of C5, C6 and C7 under fluoroscopy control. Then the area was irrigated thoroughly, platysma closed with interrupted 4-0 Vicryl, subcu with 4-0 Vicryl and the skin was closed with Dermabond.

FIG. 13b







DATE OF ADMISSION:

04-26-2000

DATE OF DISCHARGE:

04-27-2000

PATIENT:

DISCHARGE DIAGNOSES: Status post anterior cervical discectomy with interbody fusion using bone graft from the Bone Bank, C5-C6, C6-C7 levels with anterior cervical plating.

SECONDARY DIAGNOSES:

- 1) Diverticulosis.
- 2) Hypertension.

HISTORY OF PRESENT ILLNESS:

is a left-handed, 55 year old, Caucasian male, who is admitted with a diagnosis of spondylolytic radiculopathy at C5-6 and C6-C7, as well as a disc herniation at the C5-C6 level and this was confirmed by an MRI of the cervical spine. Treatment options were explored. He elected to proceed with surgery, despite the inherent risks.

HOSPITAL COURSE:

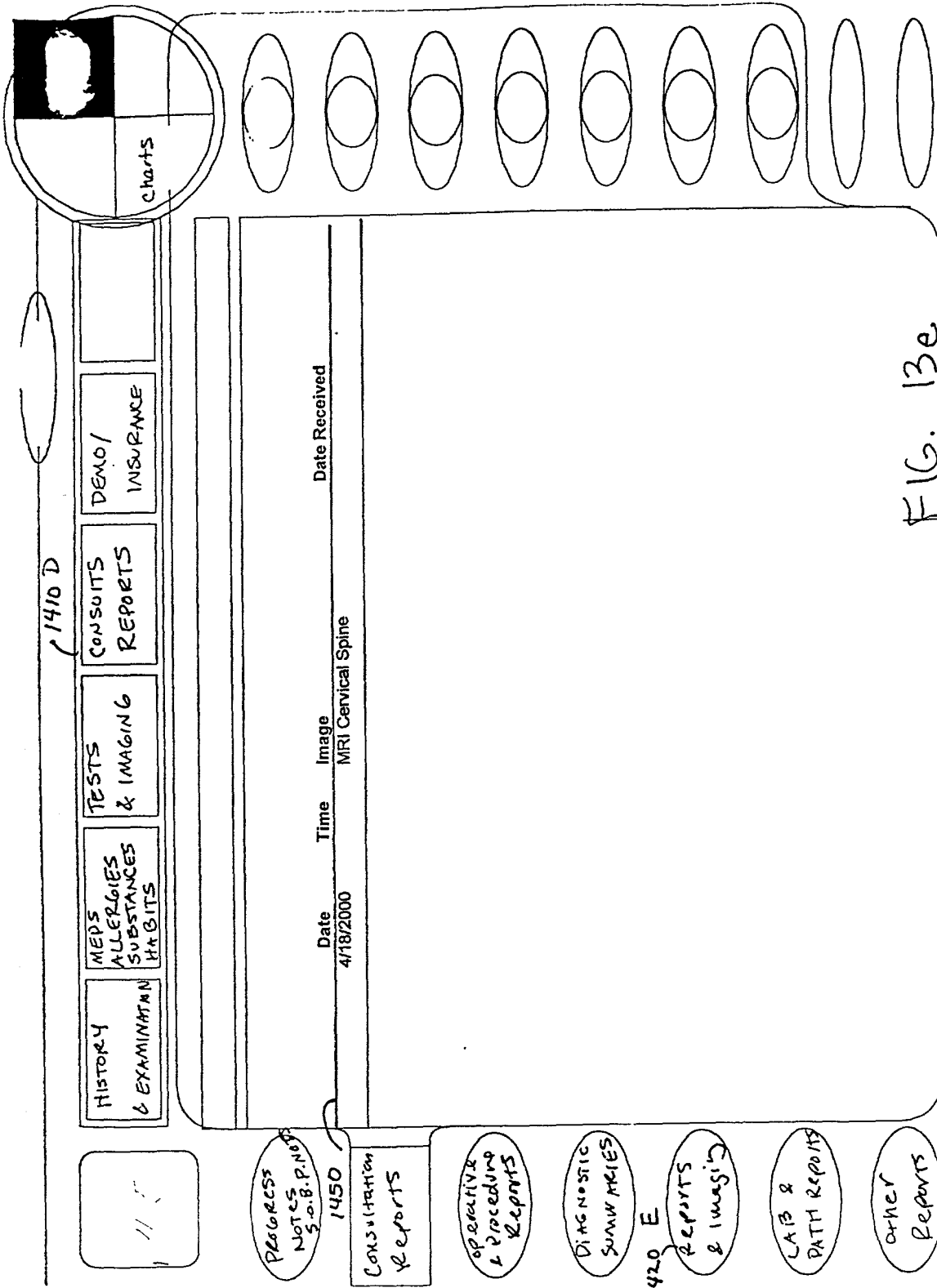
There were no documented intraoperative complications.

Postoperatively, he did well. He had dysesthesias in the left C6-C7 dermatomes. He had no radicular pain in his left or right arm, no cervical pain. Blood pressure remained stable throughout his hospital stay. He never developed a fever. There was no evidence of incisional drainage or infection. He had no new weakness in his upper extremities. Postoperative C-spine radiograph showed excellent position of the bony grafts at the C5-C6, C6-C7 levels, as well as excellent position of the anterior cervical plate. He was discharged home on the first postoperative day in good condition.

DISCHARGE MEDICATIONS: Medications on discharge.

- 1) Vioxx 25 mg., q.d. times two weeks.
- 2) Flexeril mg. q.h.s.
- 3) Tylenol #3, one to two q 3-4 hr p.r.n. pain.
- 4) Hydrochlorothiazide per his family physician's recommendation q.d.

FIG. 13d



copy of this report should be made and kept in the patient's file. The original of this report should be kept in the physician's file.

NOTE: Could have Image →

HISTORY: RUPTURED DISC C5-C6

MRI CERVICAL SPINE

INDICATIONS: Neck/left shoulder and arm pain.

TECHNIQUE: As per protocol.

COMPARISON: No previous MRI.

FINDINGS: Detail is slightly limited, but diagnostic. The craniocervical junction, C2-C3-C4-C5 levels are normal. Mild facet joint degenerative changes at C4-C5 level noted, however.

C5-C6: Moderate size central and left-sided disc herniation is present with effacement of ventral left CSF space. Minimal degenerative ridging associated.

C6-C7: Mild degree degenerative ridging, but no frank focal disc herniations.

C7-T1 and cervicothoracic junction area normal.

IMPRESSION: Moderate size central and left-sided disc herniation at C5-C6 with mild degenerative ridging.

Mild degree disc degenerative changes at C6-C7 with degenerative ridging, but no focal disc herniation.

M. D.

FIG. 13f

